



Board of Pharmacy
PO Box 1099
Olympia WA 98507-1099
(360) 236-4830

Fee \$35.00

**APPLICATION FOR CONTROLLED SUBSTANCE REGISTRATION
FOR CONTROLLED SUBSTANCE RESEARCHER**

1. Name _____
2. Home Address _____
3. Home Telephone _____
4. Name of Business _____
5. Business Address _____ Business Telephone _____
6. Date of Birth _____ Place of Birth _____
7. Describe type of research to be performed including names of controlled substances to be used. Use back of form if needed. _____

8. Preferred date for the inspection _____
9. Have you ever been found guilty of a drug or controlled substance violation? _____ If yes, explain in detail on the back of this form, provide circumstances, places, dates and outcomes.
10. In submitting this application, it is agreed by me that if any part is found false or fraudulent, I forfeit the right to a registration.

I, _____ being first duly sworn upon oath, depose and say: that the answers to the foregoing questions and statements made in the above application are true and correct.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this _____ day of _____, _____

Notary Signature _____

For the state of _____

Residing at _____

My Commission Expires _____

SEAL